

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. IX.]

WEDNESDAY, OCTOBER 16, 1833.

[NO. 10.]

ON LITHONTRITY IN INDIA.*

[THE following account, by J. N. CASANOVA, M.D., which we have received from Calcutta by the last arrival, affords an interesting and ample proof that our brethren in the East are alive to the improvements that are making in the several departments of the healing art. Dr. C. is an eminent and learned member of the profession, and of several of the learned societies in France and Spain.]

It appears that medical men in Europe formerly believed urinary calculi to be unknown in India, or of such rare occurrence, that those morbid deposits from the urine which are common in other parts of the world, both in the bladder and in the pelvis of the kidney, were seldom suspected to exist, either among Europeans or Asiatics, in British India. It is but reasonable to infer that the result of this conclusion may have occasioned errors in practice, as calculous complaints, when existing, must have given rise to symptoms which were ascribed to other causes, and these disorders may have been overlooked, or an improper treatment followed; under which the unhappy patient must have languished, while the real nature of his malady was not recognized.

The zeal and scientific researches of the Members of the Calcutta Medical and Physical Society, have already demonstrated the frequency of urinary calculi in Asiatics, as well as in Europeans, in Bengal; and our archives and museum not only contain abundant proofs that these diseases are very common in India, and very similar to the same class of disorders in Europe, but prove the skill and dexterity of the Surgeons of the H. C. S., in achieving with success one of the most difficult and dangerous operations in Surgery.

The substitution of Lithontrity in place of Lithotomy has been sufficiently approved in Europe†, and it is probable that the first-named operation may in the majority of cases be preferable to the knife or gorget, for the removal of stone in this country, where it is acknowledged the great operations of Surgery are more hazardous by reason of the climate, and where the timidity of Asiatics is often an insuperable obstacle to the use of the knife. Having had recourse to Lithontrity with success, and brought with me a complete apparatus made according to the instructions of Civiale in Paris, I resolved to try it in the first favorable cases that might occur in this country; and as I am not aware that the operation of Lithontrity has been previously performed in Bengal, I trust the two following cases may not be uninteresting to the Medical and Physical Society of Calcutta.

* Presented to the Medical and Physical Society of Calcutta, and published in the sixth Volume of their Transactions.

† See Dr. Civiale "de la Lithotritie, Paris, 1826," and Dr. Segala's Observations, Paris, 1831-2.

Case 1.—Josephine, a native of Madagascar, about 43 years of age, of large size, and rather fat, applied for my advice regarding sufferings referred to the urinary bladder. She had been six years in Calcutta, and during the greater part of that time had been afflicted in a severe degree by the usual symptoms of urinary calculus. On sounding I found a stone in the bladder, which appeared to be of large size and soft texture. On the 7th of April, 1832, I operated with Mons. Civiale's apparatus, and found the stone of large size; the scale on the shaft of the instrument indicated a circumference of four inches. It was easily perforated, and after the lithontriteur had passed through its centre, it appeared to me that the mass was broken; several considerable pieces, and a large quantity of sand, were voided in the course of the afternoon, and were brought with a portion of the urine in a pan, for the inspection of the Society at the meeting of that date in the evening. On examination by J. Prinsep, Esq. this detritus proved to be composed principally of the carbonate and phosphate of lime. By two subsequent operations with the apparatus of Civiale, at intervals of four days each, I completely ground down the pieces into which the stone had separated on the first trial; and quantities of sand, with fragments half the size of a small pea, were voided daily.

The whole quantity of detritus collected, amounted to 3viiss; and it may be presumed that some sand passed on occasions when the urine could not be examined. This patient still remains in Calcutta; she is in good health, and is completely relieved from any symptoms of disorder connected with the bladder. Her cure was accomplished in eleven days.

Case 2.—Mr. S., a resident in Calcutta, aged 31 years, first experienced symptoms of Dysuria in February, 1829, which were ascribed to cold, and treated as a slight spasmodic affection of the bladder. Subsequently some uneasiness about the pelvis was experienced, attended with more frequent calls to urine than usual, which was not voided with the usual freedom, but sometimes in an irregular and feeble stream, at other times guttatum; an uneasiness was then felt at the anus, and sense of weight in the perineum, much aggravated on going to stool or on riding in a buggy. A dull pain was now almost constantly present at the root of the penis and along the urethra, as well as in the loins; and on one occasion of severe suffering some clots of mucus were voided: these, when dried, were found to contain a yellow sandy powder, which gave reason to suspect a lithic diathesis, and some alkalies were taken with apparent benefit, causing increased flow of urine with a copious white sediment, followed by considerable relief; bougies of various sizes were also used.

The above is an abstract of a long written report drawn up by the patient himself; which is now placed before the Society, together with a diary kept by him during the progress of cure, showing the effects of the different sittings or operations, and the comparatively slight degree of pain which he underwent by the application of Civiale's process.

On the 30th May, 1832, this patient's bladder was explored in presence of Dr. Duncan Stewart, and the existence of the calculus ascertained, which when seized by the litholabe appeared to be about the

size of a common walnut. On the 4th June Civiale's instrument was introduced, and the dimensions of the stone accurately computed; the circumference indicated by the scale on the shaft of the instrument was three inches and six tenths. Nothing further was attempted till the 15th June, when the stone was seized and subjected to steady action of the lithontriteur for about five minutes, with evident effect. In the course of the next four days, the urine was strained, and 60 grains of gravel collected; very little pain or inconvenience attended or followed this operation.

June 19th.—Under an operation of about four minutes the stone appeared to separate into two or more pieces, and the instrument was withdrawn. Fifty grains of sand were collected between this date and the 25th.

June 25th.—A portion of the stone was quickly seized, and in about eight minutes ground to powder; in the course of the next four days, the sand deposited by the urine amounted to 140 grains.

June 29th.—A large fragment of stone was still remaining in the bladder, and it was on this day subjected to the action of the instrument for about 12 minutes, after which 50 grains of sand were voided in the course of the afternoon: on the next day 35 grains more of the detritus came away; on the 1st July 28 grains, and on the 2d 25 grains; on the 3d 10 grains, and on the 4th 3 grains. After this, the urine became clear of sand, and the secretion of mucus from the bladder quickly subsided.

Recapitulation of calculous matter collected after each operation: on occasions of going to stool some urine probably was voided, containing sand, the amount of which cannot be estimated.

		Grains of Sand.
June	15th	60
"	19th	50
"	25th	140
"	29th	50
"	30th	35
July	1st	28
"	2d	25
"	3d	10
"	4th	3
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On analysis by Jas. Prinsep, Esq. of the H. C. Mint, this sand proved to be composed of lithate and fusible calculus in about equal proportions. I have preserved, as a curiosity, this patient's account of the effects of each operation; and his statement of the slight degree of pain suffered during the operation, or of inconvenience that followed on each occasion, may prove to the Society that the cure of a common stricture is often productive of as much inconvenience as was in this case caused by these operations, which have proved an effectual and complete substitute for one of the most dangerous operations in Surgery. This patient is still in Calcutta, and ready to give any information that may be desired relative to the facility and success of the operation.

We may agree with Dr. Thomas King, that in the majority of cases,

may in almost all ordinary cases of stone in the bladder in adults, the operation of Lithontrity is advisable, and is capable of curing the disease (stone in the bladder), with the least possible pain, the least danger, and though perhaps not in the quickest manner, still its greater safety would, in all practicable cases, claim a preference over Lithotomy.

We must acknowledge that in some cases of great disease of the prostate gland, in cases of stone engaged in a cyst of the coats of the bladder, and in very young children, the process of Civiale is not applicable. It is hardly possible to offer a stronger proof of the estimation in which the operation of Lithontrity is held by pre-eminent professional men, than the observation at page 144, in the 19th No. of the American Journal of the Medical Sciences for May, 1832, where we find a statement that Mons. Civiale had operated on MM. Dubois and Lisfranc, with success. There are few medical men capable of forming a more just estimation of the comparative merits of the operations, Lithotomy and Lithontrity, than the two who have been just now named.

Calcutta, 4th October, 1832.

CASE OF SCARLATINA MALIGNA.

Case of Scarlatina Maligna successfully treated by Cold Water. By SAMUEL JACKSON, M.D., of Northumberland.

My oldest daughter, of 11 years, was, a few weeks ago, seized with cynanche maligna, with far more fever than usually attends that malady. Her fauces were universally inflamed, and on the second day the cineritious specks appeared. I bled her in the height of the evening paroxysm to eight or ten ounces, though I knew that the fever was certainly typhus, with the pulse 160. But the difficulty with me consisted in the choice of gargles. From some experience and much contemplation last fall, I had fixed my mind on sac. sat. as the most proper *till* sloughing might take place.

To this I then resorted, but quickly became dissatisfied lest she might swallow so much as to cause lead colic. The nitrate of silver was then tried, twenty-four grains to the ounce of water. From this I had some hope, derived partly from the Medical Recorder, vol. xiii. p. 123, and partly from the known effects of a milder solution in ophthalmia. But I soon became dissatisfied with the use of a stimulus to parts so highly inflamed, notwithstanding all that has been said in favor of stimuli in these cases. My anxiety on this point became excessive, for I was possessed of the opinion that on the speedy improvement of the local disease depended the fate of my child. I had lately seen cases successfully treated by my friend, Dr. Vannolsap of Lewisburgh, eight miles above us, by means of stimulating gargles, particularly the capsicum, but I could not prevail on myself to use them, till further mortification might reduce the inflammatory action.

Cold water she desired above all things, and I determined to give it a fair trial. She was then permitted to drink the coldest ice-water, and to hold ice in her mouth; but this last experiment was dangerous lest she might swallow it, and bring on spasms of the stomach. It was then en-

closed in a gauze bag, and put far into her mouth to be dissolved and swallowed. Now, for the first time, the fourth day of her disease, I felt satisfied with my prescriptions, and she was desired to use the ice freely, and to drink largely of ice water. The good effects were immediate, surprising, incredible, and almost divine. Within a few hours the pulse was reduced from 160 to 120; the circumscribed crimson disappeared from her cheeks; the extremities became warmer as the fauces and stomach were cooled; the whole countenance was changed; the typhus distress left it, and something of the vivacity of common fever supervened. No other remedy was thenceforward used except some laxatives; and in three days from the time the ice was tried, there was no fever left, nor any sign of inflammation in the fauces.

This disease was, last fall, epidemic a few miles above us, and some died. One of my other children had it in the course of the winter, but very slightly; and, as I hope to have no further need of this remedy, and can give it no further trials at present, I commit it to your consideration. I have just heard that scarlatina cycnchica is mortal in your city; and as this is certainly the same disease as the cynanche maligna, I hope you will give my remedy whatever attention it may seem to merit, independent of what little I have done.—*American Journal*.

A CASE OF PROTRACTED PREGNANCY.

BY POWELL CHARLES BLACKETT.

S. C., ætat. 30, of a delicate and irritable habit, in October 1820 miscarried, and in the beginning of December 1820 was attacked with retchings and sickness in the mornings, and was occasionally seized with vertigo, drowsiness, complaining of pain and tension in her breasts, which she looked upon as the first indications of pregnancy.

This patient, during her four former pregnancies, had a regular monthly discharge, similar in appearance to her menses, but from the time of her miscarriage till the above-mentioned symptoms, no menstruation made its appearance; about two weeks after the symptoms of retching, &c. mentioned above, she had her usual discharge, and this continued monthly until she was confined. This patient continued as usual in every respect, as in her former pregnancies, and of course expected to be confined in the middle of September, 1821. Yet during this time she never felt the motion of the child. Being obliged to leave town the beginning of September, I introduced Dr. Henry Davis to her, and requested him to attend her for me. I returned the 22nd of September, and found her still in the same state, excepting that she complained of a violent pain of the right side, exactly in the region of the liver. I ordered fomentations, &c., and applied a liniment of camphor and opium, which appeared to relieve her. This pain, about the 5th of October, returned with increased violence. I then examined the abdomen, and perceived that the parietes were very much on the stretch, and that the centre, that is to say, taking the navel as such, was surrounded by a black circle, which it would have required a common dinner plate to cover. I applied a blister to the right hypochondriac region, which took effect, and she in-

formed me that, during the night, for the first time, she felt the fœtus move. I applied my hand to the abdomen, and could plainly feel the motions of the child. My patient at this time was very large. The blister relieved the pain of the side, and discharged very much for several days. I desired her to regulate her bowels as usual; she continued growing larger and larger, until her stays were obliged to be laid aside; she was then compelled to support herself with flannel bandages, until it took three breadths and a half of flannel to go round her, each breadth measuring three quarters of a yard. Her abdomen, when sitting, reached the extremities of her knees; when standing upright, half way down her thighs. This misery was continued until the 23rd of December, 1821, when she was delivered by me without the least difficulty, at half past twelve o'clock, A. M., of two male infants, whose placentæ were separate, and each child weighing about eight pounds.

This patient is still alive, and is ready to give testimony to this narrative.—*Lon. Med. and Surg. Jour.*

MEDICAL IMPROVEMENT.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

MEDICAL IMPROVEMENT has ever been slow. The most important invention or discovery is usually received at first with suspicion, and has not become established till after the severest struggle and controversy. It is recorded that Harvey did not succeed in convincing any one of his cotemporaries of the circulation of the blood, who was beyond forty years of age. Even many of the most essential improvements have not been acknowledged during the life of their authors, but have been left for the benefit and adoption of posterity. The antiphlogistic regimen in small-pox did not become the general practice till a century after it had been introduced by Sydenham. In other respects, the body of fashionable practitioners are still more than a century behind him. His method of employing opium in dysentery, and in several acute diseases, and also the powers of that article for the prevention and removal of atonic coma, which he, as well as his commentator, Rush, so lucidly states, are but little known, even at the present day.* Antimony, mercury, cinchona, and almost every valuable article of the materia medica, have met with great difficulty in finding their way into common use.

Mankind have so often been deceived by the visionary projects of rash innovators, that a certain degree of caution ought to be exercised in adopting anything that is new. But this caution ought not to be an excuse for indolence, and carried so far as to deny the discoverer or inventor a hearing, and prevent his proposed improvement from having a fair and impartial trial.

The greatest obstacle to improvement is, that it requires a new course of study and observation. Men hate to go to school again, to acknow-

* See Rush's Sydenham, 1809, pages 9, 315, 357, 373, as well as the whole essay on smallpox and hysteric diseases. These passages, and many other parts of Sydenham, are peculiarly adapted to diseases of this season of the year; but they seem to attract very little attention, and are frequently read so superficially, as to make no impression. The same principles apply to atonic delirium.

ledge that there are important things or principles in their department, which they have not already learned, or that they are not as yet masters of their art. They therefore easily flatter themselves that a new subject is not worth investigating, or they attend to it so superficially, that in their hands it is followed by no beneficial results.

From these and similar considerations, that is, from the temporary inconveniences which necessarily attend everything that is new, almost all important investigations, discoveries and improvements, as a very general rule, are slow, and meet with much opposition in their early introduction and progress. They have to encounter inveterate habit, passion and prejudice, and are very sure to be opposed by self-interest, indolence and ignorance. These principles frequently apply with as much force to the learned as to the unlearned, when they respect branches and departments which the former, with all their previous acquirements, do not understand. We are apt to despise or undervalue any subject which has not attracted our individual attention, and to look upon everything as useless in our profession, our art, or our science, which we do not ourselves know.

As respects medical improvement, some of the most obvious ways and means for overcoming the principal obstacles have been already noticed in these essays. Professional intercourse, correspondence, and studying the writings of others, when conducted upon liberal principles, are the most certain to inform us of what is valuable in others, to remove our own ignorance and prejudice, and to discipline our minds, so that we may be the most happy in ourselves and the most beneficial to others. When this course is proportionally conjoined with active, professional observation and employment, by a man of common talents and good preparatory education, it can scarcely fail of making him an able physician. These remarks apply to the various kinds of improvement, whether considered in regard to individual physicians, medical science, or the profession as a body; and all of them are indiscriminately referred to in these essays, as being inseparable branches of the same subject.

To those of the profession, who like the present writer have lived long enough to notice the numerous projects and systems which have engrossed so much attention by their temporary popularity, and have turned the heads of so many physicians, for a short time, within the last half century, or since the days of Cullen, the proposition that the progress of *real* medical improvement is slow, and that it is long before new discoveries and inventions of importance are adopted and established, at first view may appear to need many exceptions, qualifications, and limitations. We have seen Brunonianism the order of the day, with fashionable practitioners. This was soon followed by the purgatives of Hamilton. In the next place, Clutterbuck, Armstrong, Hey, Welsh, and a host of others, were going to cure almost every acute febrile disease with the lancet. Dr. Marshall Hall has contributed much to check this mania in England; and Dr. James Johnson has long borne witness against ultra phlebotomy, though he was formerly considered as belonging, whether justly or not is not to be here determined, to this class of writers. This plan has been superseded by the leeches and gum water of Broussais, not only in France, but the practice has prevailed conside-

rably in Great Britain and America. And lastly, in Germany, Hahnemann is curing all diseases by infinitesimally small doses of medicine.

These instances, however, and many more of the kind that might be given, have no bearing upon the present argument. From the inconsideration and haste with which these plans have been adopted, neither of them has been productive of much benefit, though something, by an acute observer, may perhaps be learned from all. In every instance, where either of them has so extensively prevailed as to become the routine of practice, it has done much mischief, and retarded the progress of medical science and accurate investigation and observation. The real cause of their temporary popularity has been, that they were adopted as a *substitute for study and close discriminate attention* to the phenomena of disease and the effects of medication, as presented in clinical practice. They have been considered as a kind of "royal road," upon which all the ordinary difficulties of traveling are removed. It is only the improvements which require close study and deep thought that are opposed. A practice which is nearly all bark, wine and opium, all calomel and opium, all clearing the alimentary canal, all bleeding, all sweating, all leeches and gum water, or where all is to be done by a hundredth, thousandth, or millionth of a grain of medicine, or almost any other routine, is very flattering to the natural ease and indolence of those who would wish to be fashionable members of the profession. It is a thought-saving measure, which almost entirely precludes study and observation, and even makes it unnecessary to have recourse either to our own experience or to that of others.

In order to avoid such a routine—either his own, or the fashionable one of the day or place in which he may reside—and thus sinking into actual empiricism, a physician must study. He must enlarge his views, by acquainting himself with the knowledge of his predecessors and contemporaries. Without disciplining himself in this way, his mind will rarely be in a condition to produce anything original, of its own. He must know the state of his profession, or he can never be sensible of its defects and wants, or of the improvements which are familiar to others; and be preparing himself to meet such circumstances as occur within his own sphere. In the present state of medicine, every able and eminent physician is necessarily "an eclectic. He gleans from the systems and miscellaneous facts of all, and in conjunction with his own observations, forms a set of principles which regulate his practice. He finds that various, and sometimes opposite, means, often change a particular form of diseased action, or a morbid condition of the system, and thus is able to reconcile much apparently contradictory testimony. But he is not contented with merely knowing how to remove diseases. Sometimes the remedy, either in its immediate effects or remote consequences, is nearly as inconvenient as the malady; or the consequences of a factitious disease may be worse than the original complaint. Something is to be learned from the theory and practice of almost every sect or school. His patient must not only be relieved, but he must be relieved in the most unobjectionable manner. No treatment, though it may be ultimately successful, is well enough, so long as better means are at command for accomplishing the same object.

S.

PARALYSIS FROM SPINAL INJURY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of recovery after injury to the spine, and consequent paralysis, may perhaps be worth a corner in your Journal.

Yours,

A SUBSCRIBER.

October 8, 1833.

FRANCIS LYNCH. This was a case of injury to the spine, the precise nature of which it was difficult to determine. The man being at work in a warehouse, fell through a scuttle backwards, a distance of five or six feet, and struck upon his back near the neck, as he thought, with considerable force. He was carried home. About an hour afterwards, when seen, complained of pain in back, moved the upper extremities with some difficulty and with pain, and expressed himself wholly unable to draw the legs. On examination, the portion of integument corresponding to the left lateral processes of the lumbar vertebrae was found tender on pressure. Nothing like fracture could be detected, nor was there any appearance of contusion. Sensibility was everywhere perfect.

The next morning was found in nearly the same condition. The arms could be moved only slowly and with effort. The lower extremities immovable. Sensibility as before. Total retention of urine. Feeling of soreness in small of back and neck.

Third day.—The lower extremities nearly as before; but can with some effort move the toes. Fingers have but very limited motion, not enough to close the hand; but the wrist is easily moved.

Fourth day.—Has been much annoyed by obstinate tickling cough. Can separate knees and bring them together, when legs have been drawn up and feet are held by assistant. Power over fingers somewhat increased. Power over bladder restored.

At this time the tongue was coated and the appetite bad. These symptoms, however, gradually improved. He also very slowly regained the power over his limbs. About the eighth day he could by a strong effort draw up one leg at a time in bed, and with assistance sit in a chair. His fingers could be very feebly flexed, but not so as to shut the hand. The twelfth day he could get his legs out of bed, and allow his trunk to be drawn to an erect posture; but complained of the fatigue which it caused him to keep his head erect. On the 16th he was able to stand, and would, even if assisted, draw one foot after the other, but with great fear of falling. On the 19th he could engage his hand in the loop of a suspended cord, and pull himself by this means up from his chair, and then walk without assistance, dragging his feet. On the 22d he could shut his hand close enough for the pressure to be felt, and lift his feet with some difficulty in walking. From this time he gradually improved, and in two or three weeks after was able to resume his occupation.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 16, 1833.

SULPHUR BATHS.

THE construction of the Sulphur Bath is unknown to many of the profession, and by some of them we have been requested to give such account of it as will enable a mechanic to build one. Without a plate, such description we can scarcely give. The machine is simple enough, but it is extremely difficult to present a picture, by words alone, of any form of this apparatus, which shall be sufficiently clear and minute to serve as a model for a mechanic. Such notion, however, as the reader may derive from our description, may enable him so to exercise his own judgment as to contrive a machine that will answer his purpose as well as the most complex and costly bath that has ever been invented.

Our bath, the only private one we believe in this city, is the cheapest kind, and at the same time the most convenient we have ever seen. It cost but about \$60, and has done good service for many years. It is simply a square or cubic box, measuring in each direction about four feet. On one side is a door about two feet wide, extending from top to bottom, by which the patient is admitted to a music stool that is placed within for him to sit on. In the top of the box, and directly over the seat, is a circular neck hole about six inches in diameter, and the portion of the top between this hole and the door, is so attached to the door, and separated from the rest, that when the door is opened this portion opens with it. Thus a free admission is given to the patient, whose neck being placed in the aperture, and the door shut, he is entirely enclosed in the box, his head alone being outside. The small space about the neck is easily filled by a napkin or two, *p. r. n.* So much for the patient—now for the sulphur.

Inside the box, and at a part sufficiently removed from the person within, is a very small sheet iron stove, the funnel of which ascends, passes through the top, and thence to the nearest outlet, be it chimney or window. A small flat pan of sheet iron, and designed to hold the sulphur, is made to rest in close contact with the top of the stove; and to this part of the apparatus we obtain access by a small door in the side of the box, just large enough to put in the fuel.

The patient being properly secured in the bath, a fire is made in the stove, and so regulated as to raise the temperature of the bath to from 110 to 130. The powdered brimstone (or flowers of sulphur) is then put into the pan and ignited, the pan placed upon the stove, and the small door closed. The sulphur will burn 10 or 15 minutes, and fill the box and surround the person of the patient with its fumes; and in this situation he is allowed to remain from 15 to 30 minutes, according to circumstances.

In our own machine we have a thermometer, so inserted into the top that the bulb alone is within the bath; thus enabling us to watch the state of its temperature without opening the box, which would permit the escape of the gas, and subject one's respiratories to no little inconvenience.

SALUTARIUM IN THE WESTERN HIGHLANDS.

A HIGHLY respectable and well educated physician, long resident at Oban, in Argyllshire, Scotland, proposes to accommodate in his own house a few invalids, laboring under dyspeptic, nervous, or other complaints, for which a mild but bracing air, in a most romantic locality, might be recommended during one, two, or three months of the Summer or Autumn—and that on moderate terms. It may be proper to state, that Oban is a small seaport town, on the western coast of Argyllshire, beautifully situated on a bay of the same name, and exactly opposite to the Sound of Mull, the now classic scene of Roderick, Lord of the Isles. Twice a week, three steamers and a stage-coach arrive at and start from Oban—one to and from Glasgow—another to and from Inverness—a third to and from the Islands of Staffa, Iona, &c. while the stage comes in from and returns to Inverary, crossing Loch Awe, and passing through some of the most picturesque scenery in the Highlands. The facilities thus afforded to the invalid of seeing all the most interesting localities in the Highlands, with little expense, while regaining health and strength, are singularly concentrated in the little port of Oban. This part of the Highlands is remarkably healthy, phthisis being nearly unknown, and the variations of temperature being very limited, in consequence of the great predominance of sea over land. There are abundant opportunities for fishing and shooting in every direction, and the place appears to us (and we have carefully examined its medical topography) to be highly calculated for the restoration of health, as well as for gratifying the senses by scenes of the most romantic and sublime character.

The physician's plan is—"to make frequent excursions with his inmates, of from a day to six or eight day's duration, sometimes by steam-boat, sometimes by land—and frequently in a row-boat or pinnace in the neighborhood—to all the most interesting scenery in the country—scenes so varied and extensive, that some months might be very pleasantly spent in surveying them."

From some experience, we can confidently assure our professional brethren that a Salutarium of the kind in question, with the advantage of an intelligent physician to attend to the health of an invalid, would be more likely to do good, in a great many disorders, than a tour on the Continent, and that at a comparatively trifling expense. The best season for the Highlands is from the 22d June till the middle or latter end of September—and we strongly recommend the plan proposed by Dr. Aldcorn, of Oban, whom we personally know to be a gentleman of excellent principles, and a physician of skill.

The foregoing notice we copy verbatim from the London Medico-Chirurgical Review. Our object is, to bring before our readers a picture of just such an establishment as is needed among ourselves. Many a young physician who is so fortunate as to be settled in the country, either in the midst or in the vicinity of some of those delightful scenes with which our territory abounds, might add greatly to his usefulness, his fortune and reputation, by opening his mansion as an asylum for the invalid. A salutarium, we doubt not, might be well supported in almost every village in New England where the natural scenery is remarkable for its sublimity or beauty; and yet there is but one, so far as we are apprised, in the country. The establishment of Dr. Cutter, at Pepperell, has been eminently successful and useful; and those invalids who have resorted to it for comfort or health, have seldom been disappointed in the attainment of

their object. The glowing terms in which they describe the place, the promenades in the vicinity, the kindness of the family, and everything that relates to the establishment, are sufficient indication of the readiness with which similar institutions would be resorted to by our citizens. There is a taste and a necessity for them, and we trust that the example of Dr. Aldcorn of Oban, and of Dr. Cutter of Pepperell, may not be held up in vain to the benevolent and enterprising reader, whose location is suitable for a salutarium.

INDIAN SICKNESS.

THERE are now but very few persons living, says the Nantucket Inquirer, who can remember, except from tradition, the remarkable pestilence among the aboriginal inhabitants of this island, which, seventy years ago, swept off so great a proportion of that unhappy race. In the 2d volume of the American Museum, a work published at Philadelphia in 1789, by Matthew Carey, we find the following article in relation to this subject.

Account of an extraordinary disease among the Indians, in Nantucket and Martha's Vineyard, in New England. In a letter from Andrew Oliver, Esq., to Israel Mauduit, Esq., F.R.S.

About the beginning of August, 1763, when the sickness began at Nantucket, the whole number of Indians belonging to that island was 358 : of these, 258 had the distemper betwixt that time and the 20th of February following, 36 only of whom recovered : of the 100 who escaped the distemper, 34 were conversant with the sick, 8 dwelt separate, 18 were at sea, and 40 lived in English families. The physician informs me, that the blood and juices appeared to be highly putrid, and that the disease was attended with a violent inflammatory fever, which carried them off in about five days. The season was uncommonly moist and cold, and the distemper began originally among them ; but having once made its appearance, seems to have been propagated by contagion ; although some escaped it who were exposed to infection.

The distemper made its appearance at Martha's Vineyard, the beginning of December, 1763. It went through every family into which it came, not one escaping it ; 52 Indians had it, 39 of whom died ; those who recovered, were chiefly of the younger sort.

The appearance of this distemper was much the same in both these islands ; it carried them off in each in five or six days. What is still more remarkable than even the great mortality of the distemper, is, that not one English person had it in either of the islands, although the English greatly exceeded in numbers ; and that some persons in one family, who were of a mixed breed, half Dutch and half Indian, and one in another family, half Indian and half Negro, had the distemper, and all recovered ; and that no person at all died of it, but such as were entirely of Indian blood. From hence it was called the Indian sickness.

There had been a great scarcity of corn among the Indians the preceding winter ; this, together with the cold moist season, must have been assigned by some as the cause of this distemper among them. These circumstances, it is true, may have disposed them to a morbid habit, but do not account for its peculiarity to the Indians ; the English breathed the same air, and suffered, in some measure, by the scarcity with the Indians ; they yet escaped the sickness. I do not see, therefore, but that the *sudor Anglicus*, which heretofore affected the English only, and this

late Indian sickness, must be classed together among the arcana of Providence.

ANONYMOUS WRITINGS.

We fully coincide in the opinion expressed in the following note, that the object of writers in the periodicals is in a measure defeated by withholding their names from their writings. However much of valuable fact or philosophical reasoning they may contain, the facts, reflections, and arguments, are received with less confidence by the profession, than if sanctioned by the authority of a name, although that name may be new to the reader. It would gratify us much, therefore, in all cases, to be at liberty to append the name of the author to what we publish. The evil complained of by our correspondent is in a degree removed by the rule we have adopted, of introducing no new or important facts, no article where *authority* is absolutely required to give it weight or confidence, unless we are ourselves apprised who is the author; and our readers may all be assured that the writer of every such anonymous paper is known to us, and known, too, to be good authority, before the paper is offered to their perusal.

Augusta, Geo., 26 Sept., 1833.

MR. EDITOR,—Permit me, as a subscriber to your valuable periodical, to take the liberty of inquiring who are the authors of the several highly interesting communications over the signatures of *Senex*, &c. &c. The frequent appearance of anonymous productions in the Medical and Surgical Journal must (unless the liberty I now request be granted) materially tend to diminish its value. In no science as much as in that of medicine, should innovations be more cautiously admitted. The promulgator of new *doctrines*, or even of new *facts*, calculated to ameliorate the condition of his fellow creatures, should therefore, in justice to his cause, not shrink from giving them at least the sanction of his name, however humble he may conceive its authority with the profession.

The last volume alone of your Journal contains no less than one and twenty articles, which, instead of being perhaps greatly useful, will, because of their anonymous character, necessarily be overlooked by the majority of your readers.

I trust, Sir, that you will give to these remarks their proper construction, and that you will believe me actuated by the sole desire to call your attention to the propriety of urging correspondents not to withhold their names from communications of interest to the profession at large.

Very respectfully, &c.

L. A. DUGAS.

DUNGLISON'S DICTIONARY.

We have already offered some account of this work, which is recently from the American press. It will be gratifying to Dr. D. and to all our readers, to read the following notice of the work, which we extract from the *London Medical and Surgical Journal*.

"This is an excellent compilation, and one that cannot fail to be very much referred to. It is the best medical lexicon in the English language that has yet appeared. When the difficulties that are to be surmounted in a work of this nature are considered, who can be surprised at the epigram,

Si quelqu'un a commis quelque crime odieux,
S'il a tué son pere, ou blasphémé les Dieux,
Qu'il fasse un Lexicon; s'il est supplicié au monde
Qui le punisse mieux, je veux que l'on me tonde.

We do not know any volume which contains so much information in a small compass. The bibliographical notices, though so short, are very important and useful; and altogether we can recommend to every medical man to have this work by him, as the cheapest and best dictionary of reference he can have."

Quinine combined with Snuff, and taken for intermittent Headaches (Cephalalgia).—By Dr. D'Huc. It is some years since the narrator considered whether quinine, mixed with snuff, could not act more directly on the brain, than when applied to the stomach. He accordingly tried it several times with success.

He mixed fifteen grains of quinine with an ounce of tobacco snuff, and ordered it to be used for five or six days, when a cure was generally effected.—*Rev. Médicale Française et Etrangère, Mai.*

We have repeatedly employed quinine in the treatment of nervous headaches with great success. Persons of a nervous temperament, whose mental exertions are considerable, are extremely liable to severe pain in the temple, forehead, or side of the face, which comes on at a certain hour, and recurs with regularity for four or five days or a week. The internal use of quinine in full doses, combined with the sedative preparations of opium, as morphia, and a strong anodyne embrocation applied over the affected side of the face, generally and speedily afford relief. In some cases the liquor arsenicalis succeeds, when all other remedies fail. The mode suggested in the above extract is well worthy of a trial.

London Medical and Surgical Journal.

Intermittent Salivation.—M. Rayer relates the case of a woman, æt. 24, of a nervous temperament, but healthful in other respects, who, for many years, at the interval of thirty, forty, or fifty days, was attacked with profuse salivation for thirty-six or forty-eight hours. The quantity of fluid excreted amounted to several pints in the course of twenty-four hours. Opium and quinine had no influence over this flux, but the subcarbonate of iron, administered for some months, effected a cure.

Journ. de Chimie Médicale, Avril.

Six Children at one Birth.—On the 30th of December, 1831, the wife of a man named Dernian Ploson, living in the village of Dropin, in Bessarabia, was delivered of six daughters (the fruits of one pregnancy), all living, and only a little smaller than the usual size of children at birth, with the exception of the last, which was much the least. The mother is not quite twenty years of age, and of a strong constitution. The whole six children lived long enough to be baptised, but died in the evening of the day of their birth. The mother suffered from a severe indisposition, subsequent to her confinement, but is now quite well.—*Gaz. Médicale.*

[We have recently had a newspaper account of five at a birth in this country. Whether correct or not, we have not been able to learn. It is desirable that such cases, when they occur, should be recorded by the attending physician in some medical work.—Ed.]

Malignant Carbuncle in Italy.—Dr. Gullo informs us that, in Calabria and other provinces of Naples, the cattle-dealers, butchers, and others of the lower classes, are frequently afflicted with a very dangerous carbuncle, known by the name of the "carbuncolo tristo." It appears at

first as a round pustule, not unlike that of vaccination, of a livid red color, black in the centre, the edges elevated and covered with vesicles. It often proves fatal in three or four days, if neglected. The cause is the direct introduction of a putrid virus into any pricks or wounds when cutting up the cattle for market.

Dr. G. has found the following treatment most successful :—he makes several incisions on the edges, and a deep one through the centre of the carbuncle, and after wiping away the blood and sanies, sprinkles the wounds freely with powdered corrosive sublimate ; lays on a plaster composed of four grains of the same mixed with the yolk of an egg. In 24 hours a deep eschar is formed, suppuration begins, and in seven or eight days the ulcer is healed.—*Annali Univ.*

Lisfranc's Treatment of Amaurosis.—First of all, we should ascertain whether there are any symptoms of inflammatory fulness and activity in the eye or head ;—as a matter of course, such cases require depletion ; when, however, we have reason to believe that the disease is one rather of debility, Lisfranc strongly advises us to direct our attention in an especial manner to stimulate the frontal and other branches of the fifth pair of nerves by means of repeated blistering over the eyebrows and temples. Should this fail, we must endeavor to excite the torpid organ by acting immediately on the ciliary nerves, any irritation of which is speedily propagated to the ophthalmic ganglion and the origin of the trigeminus. This is most effectually done by the application of stimulants to the cornea ; and of these stimulants the nitrate of silver in substance is the best. The inferior segment of the cornea is to be lightly touched, till we perceive a whitish cloud ;—the eye is then to be immediately washed with water. Considerable pain is felt ; the whole apparatus of the eye is put into a state of so increased activity, that on the morrow a stranger might suppose that our patient labored under acute ophthalmia. This treatment induces sometimes vomiting ; and as it always occasions temporary contraction of the pupil, it must not be employed when there is a tendency to this evil. The operation requires to be repeated several times.—*Journ. Complem.*

New Speculum Uteri, and Cure of some Cases of Sterility.—M. Melier has lately suggested an improvement on the speculum uteri ; it consists in adding a solid moveable cylinder of smooth wood, enclosed within the speculum, and projecting with a rounded head beyond its vaginal extremity. The great advantage of this is, that the folds of the vagina are readily extended without any pain, and the instrument is easily conveyed up to the cervix uteri ; the inner cylinder is then withdrawn. M. Melier strongly insists upon the good effects of injections, conveyed into the cavity of the womb, in many diseases ; and as barrenness is, no doubt, very often the consequence of a neglected inflammation of the cervix uteri, he suggests the propriety of using them “ pour rendre féconde des femmes jusqu'ici stériles.” In one case, M. Melier, by means of his improved speculum, detected an engorgement of the cervix uteri ; and, as he considered that this was the only obstacle to conception, he advised local emollients, discutients, and leeching, soon after the use of which the lady became pregnant of her first child.—*Journ. Hebdom.*

Remedies against Scrofula.—Hufeland very highly lauds the good effects of the *Æthiops* mineral, or black sulphuret of mercury, combined

with a little magnesia and tinct. rhubarb. Along with occasional baths it constitutes the treatment which he has found to be by far the most efficacious in strumous affections of the skin, enlarged glands, ophthalmias, and intestinal complaints.

Boyer, and other eminent French surgeons, have much faith in the internal and external use of the subcarbonate of potass. The solution is employed as baths, lotions, and injections; when exhibited inwardly, it is advantageously combined with the tincture of gentian.—*Revue Med.*

Extemporaneous Vesication.—M. Pigeaux recommends the following method. Apply a dossil of lint, well wet with spirits of wine, to the part, and set fire to it. In a few seconds the epidermis will be found to be detached, and we can then remove it with our nail. The operation is very speedy and not painful.—*Revue Medicale.*

Whole number of deaths in Boston for the week ending October 10, 27. Males, 16—Females, 11.
Of consumption, 5—Inflammation in the bowels, 1—scarlet fever, 1—dysentery, 2—dyspepsia, 3—slow fever, 1—accidental, 1—infantile, 2—hooping cough, 4—convulsions, 1—dropsy on the brain, 1—tumor, 1—debility, 1—bilious fever, 2.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL COMMITTEE of Harvard University hereby give notice, that the following prize questions for the year 1834 are now before the public, viz. :—

1st. "What is the true nature of Polypus in the nostrils, and in what manner may the disease be best treated?"

2d. "Are the restrictions on the entrance of vessels into port, called Quarantine laws, useful? If so, in what cases should they be applied?"

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARRAN, M.D., Boston, on or before the first Wednesday of April, 1834.

The following questions are now offered for the year 1835, viz. :

1st. "What diet can be selected, which will ensure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered?"

2d. "What are the diagnostic marks of cancer of the breast; and is this disease curable?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1835.

The author of the successful dissertation on either of the above subjects will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1833, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

GEORGE HAYWARD, Secretary.

Boston, August 10th, 1833.

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Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

LECTURES ON THE DISEASES OF THE EYE.

A Course of Lectures on the Diseases of the Eye will be delivered at the rooms of the Massachusetts Charitable Eye and Ear Infirmary, in Boston, to commence the last week in October, and continue twice a week. The pathology of the Eye will be illustrated by such cases as attend the infirmary. For further information apply at the infirmary apartments, corner of Summer and Washington Streets, on Monday, Wednesday or Friday of each week, between the hours of 12 o'clock M. and 1 o'clock P. M.

Boston, September 10th, 1833.

optN.

JOHN JEFFRIES.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY D. CLAPP, JR. AND CO.

At 104 Washington Street, corner of Franklin Street, to whom all communications must be addressed Post-paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Price \$3.00 per annum in advance, \$3.50 if not paid within six months, and \$4.00 if not paid within the year.—Postage the same as for a newspaper.